

San Antonio Police Department



FORGERY DETAIL 214 W. NUEVA SAN ANTONIO, TX 78207 (210)-207-7451 OFFICE (210)-207-4070 FAX

Identity Theft Complaint Packet

The	San	Antonio	Police	Department	Forgery	Detail	has	been	assigned	the	follow	-up
inves	stigati	ion for Ide	entity T	heft. (SAPD	case #)	If yo	u have not	mac	de a pol	lice
repo	rt you	can mak	e one ov	er the phone	or have a	n office	r con	ne to y	our home	or bu	ısiness	by
calli	ng 20'	7-7273.										

Specific documentation is needed in order to prosecute these types of cases. This packet will serve as a guide so that your complaint may be reviewed and handled in the most efficient manner possible.

The information contained therein is the minimum required for an indictment by the Bexar County Grand Jury. More information may be required. It is important that all forms contained within this packet, which are pertinent to your case, be filled out and returned.

NOTE:

*The Complainant or Witness Statement Information Supplement must be attached for each witness that can offer relevant testimony in this matter. For more copies, photocopy any of the attached documents as required.

*Within the complaint packet is a document checklist that will aid you during your research of the incident. Attach photocopies (no originals please) of all related reports, documents or any other paperwork that may have a bearing on this matter.

As you can see, Identity Theft is a serious and time-consuming matter, demanding your full cooperation and patience. Once you have completed the attached forms, please send them to the Forgery Detail of the San Antonio Police Department. Upon arrival of the complaint packet it will be reviewed for solvability factors that will determine if the case will be assigned for further investigation. Thank You.

Forgery Detail San Antonio Police Department

Criminal Complaint Forms

This complaint package is provided to initiate an investigation into violations of the Laws of the State of Texas. We recommend that you consult with your own attorney to determine your legal rights and civil remedies in this matter prior to filing this complaint.

INSTRUCTIONS

- 1) PLEASE TYPE OR PRINT LEGIBLY
- 2) The attached forms must be as complete and accurate as possible so that your case may be properly evaluated for criminal prosecution.
- Any sections that are not applicable to your case must be noted with N/A.
- 4) **Statement of Facts:** Describe the exact nature of the complaint in the order in which they occurred. Be as complete as possible answering who, what, when, where, how, and why. Explain all documentation submitted and introduce all the witnesses and their involvement. **Do not use "see the above" as a statement**. Some duplication maybe required. The statement of facts form is located on page **8**. A completed Statement Information Supplement included on page **10** must accompany all written statements.

Witness statements: A criminal complaint is comprised of physical evidence and witnesses. The written statements of the witnesses will be a crucial part of the case. Use the format on page 9 for each witness statement. A completed Statement Information Supplement included on page 10 must accompany all written statements.

- 5) All statements should be notarized.
- 6) For your convenience, this packet may be mailed to:

Mailing address: San Antonio Police Department Forgery Detail San Antonio, Tx 78207
P.O. Box 839948
San Antonio, TX 78283-9948

- 7) The Bexar County Grand Jury and the Bexar County District Attorney's Office may examine these forms. They should be neat, understandable, accurate in detail, and in a chronological order of events. Be sure to include all dates, times, places, evidence, and individuals involved. (Who, What, When, Where, and How).
- 8) Included on page 11 is a form to assit you with obtaining a copy of your credit report from Experian, Equifax, and Transunion.

What to do if you are an Identity Theft Victim

1. Please contact one of the three major credit bureaus and place a fraud alert on your credit report. The credit bureaus recently agreed to exchange information. By contacting one credit bureau, the other two will automatically be notified:

Experian 1-888-397-3724 or <u>www.experian.com</u> Trans Union 1-800-680-7289 or <u>www.transunion.com</u> Equifax 1-800-525-6285 or <u>www.equifax.com</u>

- 2. Please contact the Federal Trade Commission (FTC). They have been tasked to compile statistics and assist identity theft victims with resources and information. The FCT victim database is also used by law enforcement agencies for investigations. The FTC provides an excellent booklet for victims entitled, "Take Charge: Fighting Back Against Identity Theft." www.consumer.gov/theft
- 3. The Identity Theft Resource Center is another excellent resource for victims. The center was developed by a former victim in San Diego and is now considered a leading expert on identity theft. www.idtheftcenter.org
- 4. Social Security Administration, Fraud Hotline 1-800-269-0271

Identity Theft Prevention

- **DO NOT** carry your Social Security Card in your wallet or purse. Also minimize the identifying information and the number of credit cards you carry to what you'll actually need.
- **DO NOT** leave your checkbook, wallet, credit card(s), or purse in your vehicle.
- **DO** deposit outgoing mail in post office collection mailboxes or at your local post office. **DO NOT** leave in unsecured mail receptacles.
- **DO NOT** give personal information over the phone or Internet. Phishing scams have quickly become one of the most prevalent methods of obtaining a person's identifying information over the internet.
- **DO** limit personal information on necessary public distribution items (checks, business cards).
- **DO** opt out of receiving pre-screened credit card offers in the mail.

1-888-50PTOUT (1-888-567-8688)

- When you are opening a new account, **DO** ask that a password be used before any inquiries or changes cam be made on the account. Memorize all your passwords and **DON'T** write them in your wallet or purse.
- **DO** purchase a home shredder and destroy any old checks from closed accounts that you may have stored at your home or storage unit. Shred your charge receipts, copies of credit applications, insurance forms, physician statements, bank checks and statements that you are discarding, expired credit cards and credit offers you get in the mail.
- **DO** make sure you receive your credit card back from the cashier after you complete your transaction.
- As of June, 1st, **DO** order a free copy of your credit reports at: www.annualcreditreport.com

DOCUMENT CHECKLIST

- Copies of bank records & bank record affidavit for the business account.
- Copies of checks, credit card statements, receipts, or invoices related to the act.
- Copies of your three credit reports (Experian, Equifax, Trans Union)
- Copies of your work history from the Social Security Administration
- Copies of collection notices from the fraudulent accounts
- Copies of the letter(s) from the IRS in regard to taxes you owe for unclaimed wages earned for any given year that you did not receive. (fraudulent)
- Copies of your Texas ID or Drivers license and social security card
- If you are disputing arrests on your record you will need to be fingerprinted in the Identification Unit and have them verified.

above where copies only are req	dested, list the person who is in custody and
	Email
Fax:	

*For the documents listed above where conies only are requested, list the person who is in custody and

Solveblity Factors

There are several factors that determine wheter or not a complaint will assigned for further follow up investigation such as:

- Is there a known suspect and is there a relationship with the complainant (i.e. family member, spouse, roommate, etc.)
- Did the offense occur within the city limits of San Antonio
- Are the criminal elements present to constitute an Identity Theft offense

Complainant / Witness Information Form

i un ivame of the comple	ining Person	Title					
Company Name and Full Address (including ZIP Code)							
							Home Address (including
Business Phone Number		Fax Phone	Home Phone				
Sex Race	Date of Birth	Drivers License No.	Social Security No.				
Full Name of the Witness	3	Title					
Company Name and Full	Commony Name and Evill Address (including 7ID Code)						
ompany Name and Full Address (including ZIP Code)							
Home Address (including	g ZIP Code)						
		Fax Phone	Home Phone				
Business Phone Number		Fax Phone Drivers License No.	Home Phone Social Security No.				
Business Phone Number Sex Race	Date of Birth						
Business Phone Number Sex Race Full Name of the Witness	Date of Birth	Drivers License No. Title					
Business Phone Number Sex Race Full Name of the Witness Company Name and Full	Date of Birth Address (including	Drivers License No. Title					
Home Address (including Business Phone Number Sex Race Full Name of the Witness Company Name and Full Home Address (including	Date of Birth Address (including	Drivers License No. Title					

() Check here if there are additional witnesses.

IF THERE IS MORE THAN 3 WITNESSES PHOTOCOPY THIS PAGE AND INCLUDE THE ADDITIONAL PAGE IMMEDIATELY AFTER THIS PAGE IN THE PACKET.

Suspect(s) Information Form

Full Name of Suspect	Job Title if Applicable
Suspects Alias Names	
Suspects Full Address (including ZIP Code)	
Suspects Phone Number	Other Phone Numbers (relatives, associates, other work, etc.)
Sex Race Date of Birth Height	Weight Other Physical Identifiers
Drivers License No. State	Social Security No. Other
Full Name of Suspect	Job Title if Applicable
Suspects Alias Names	
Suspects Full Address (including ZIP Code)	
Suspects Phone Number	Other Phone Numbers (relatives, associates, other work, etc.)
Sex Race Date of Birth Height	Weight Other Physical Identifiers
Drivers License No. State	Social Security No. Other
Full Name of Suspect	Job Title if Applicable
Suspects Alias Names	
Suspects Full Address (including ZIP Code)	
Suspects Phone Number	Other Phone Numbers (relatives, associates, other work, etc.)
	Weight Other Physical Identifiers
Sex Race Date of Birth Height	

Fraudulent Accounts

The following account(s) was/were opened in my name without my knowledge, permission, or authorization using my personal information or identifying documents:

Creditor Name/Address	Account Number	Date opened	Account Balance

STATEMENT OF FACTS

STATE OF TEXAS COUNTY OF BEXAR

of	
	of

Before me, the undersigned authority in and for the State and County aforesaid, on this day personall who being by me first duly sworn upon his/her oath deposes				ally appeared es and says:
My name is	and I am	years old.	I was born on	_
I have read my statement and it is true a necessary.	and correct. I will ap	opear in court a	nd testify to the facts in	this case if
necessary.		Signature		
Sworn to and sul	bscribed before me tl	his of _		, 200
SEAL		Notary Public	in and for Bexar County	, Texas

STATE OF TEXAS COUNTY OF BEXAR

Page	of
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Before me, the undersigned au	nthority in and for the State a who being by me	and County afore first duly sworn	esaid, on this day personally a upon his/her oath deposes ar	appeared 1d says:
My name is	and I am	years old.	I was born on	
				
I have read my statement and an ecessary.	it is true and correct. I will a	appear in court a	nd testify to the facts in this	case if
J.		Signature		
Sworn t	to and subscribed before me	this of _		_, 200
SEAL		Notary Public	in and for Bexar County. Tex	- xas

San Antonio Police Department Statement Information Supplement

		-	al and only for Police and					
Name: (last, first, mi.)								
Home Address	S: (number, street, cit	y, zip)						
Business Add	ress: (number, stree	et, city, zip)						
Home Phone N	Number:		Work Phone Number	er:				
Race:	SEX:	AGE:	DOB:					
Married Yes:	: NO:	Name of S	Spouse:					
Drivers Licens	Se # (state & number)		SSN:					
NEAREST REI	LATIVE OTHER	THAN SPOUS	E:					
Name:								
Phone:								
Address:			City:	State:				
Place of Empl	oyment:	P	hone:					
Date of Conta	ct:	Time	of Contact:					
Location of C	ontact:							
Comments:								